

Males constituted 60.9% of cases. Children and elderly accounted for 32.5% and 13%. A half of injuries occurred during leisure. Most injuries occurred on homestead lands (20.1%), inside of dwellings (16.3%) and on streets (7.1%) during walking (30.2%). The most common accident mechanisms were “have slipped” (16.0%); error or loss of control when dealing with object, person or animal (15.7%); “have stammered/stumbled” (13.9%). The most common injury mechanisms were punch/kick due to fall after having slipped/stammered/stumbled (23.7%), punch/kick due to contact/collision with an object in motion (9.2%) and punch/kick due to impacts of human or animal. Most common external injury-related factor was ice-covered surface (11%).

More injuries occurred on Sundays (17%) than during other days. Use of alcohol 24 hours prior to trauma was reported by 28.1% of cases.

Conclusions Children and men and are most vulnerable groups. Preventive interventions should address leisure, domestic and other routine activities on homestead lands, in dwellings, and on the streets. Removal of slippery surfaces and promotion of anti-slip devices should be considered. Special emphasis should be given to reduction of alcohol use.

233 DEVELOPMENT AND IMPLEMENTATION OF SAFE SCHOOLS IN AUSTRIA OUR ROAD TO SUCCESS

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Background We initiated and designed Safe School Communities, developed structures for implementation and evaluation in close cooperation with two different types of schools: Lannach Primary School and Rein Secondary School.

Description The first step was to motivate responsible persons of the advantages to becoming a designated Safe School. Together with them the second step was to establish a Steering Committee comprising all stakeholders and relevant representatives for safety in the schools and their community.

Results Each Safe School Committee has been developing programs for all ages and genders, with specific safety programs for those most at risk of injury.

Lannach Primary School was designated as International Safe School in May 2015. The data and evaluation of the developed and realised programs prove that their initiatives are effective.

Rein Secondary School also established a board of pupils – the elected Health and Safety School Representatives (two from each class) – to address the needs of students. During his site visit to the school in May 2015 Max Vosskuhler made the following statement: ‘Rein is easily the best example of what International Safe Schools is trying to do. Their faculty, students and staff showed clear commitment and understanding.’ The application to be designated as the first Safe School at the secondary level in Austria is the next step.

Conclusions It is helpful to implicate approved methodologies and follow the International Indicators for Safe Schools.

Lannach Primary School as the first International Safe School in Austria has a leading role, which makes it easier to share successful projects and programs with other schools – especially within the Safe Children Community Deutschlandsberg.

To develop and realise projects it is adjuvant to have additional financial support. The Austrian Workers Compensation

Board and the Styrian Government are relevant partners of Safe Kids Austria assisting these two pilot schools.

234 REDUCING VISITS TO LOCAL HEALTH CARE BY ONE THIRD SAFETY PROMOTION EFFORTS IN WESTERN SWEDEN

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Background Surveillance and analyses of unintentional injuries can help prioritise community prevention efforts. Community based safety promotion programs aimed at reducing injuries high-risk groups, including children, elderly and people in traffic environments, have been ongoing in the Swedish communities of Falkoping and Lidkoping (31,000 and 38,000 inhabitants respectively) over the past three decades (both are designated as Safe Communities).

Methods This study describes changes in local patterns for unintentional injuries resulting in outpatient visits to health care clinics and emergency rooms, hospitalizations and deaths, comparing information from two different study periods, 1978 and 2008. Injury cases were analysed, and confidence intervals were derived. Data for outpatient injuries were provided from the Skaraborg Injury Registration Unit. We also used data from the Swedish National Board of Health and Welfare’s national patient register and causes of death register.

Results The study results show significant decreases in outpatient visits from 130.5/1,000 to 107.2/1,000 (18 per cent) in Falkoping and from 143.9/1,000 to 88.8/1,000 (38 per cent) in Lidkoping. Available data from comparison communities in the south and mid-north of Sweden, the surrounding district of the study areas, and Sweden as a whole, showed increasing number of outpatient visits. No significant changes were shown for mortality or hospitalisation in the study areas.

Conclusions This study points to the importance of more systematic collection data of injury events treated at the outpatient level, particularly for communities where there are relatively low numbers of injury-related deaths and hospitalizations. It also shows that long-term action- programs can be successfully.

Child Safety

Parallel Tue 1.2

235 EVALUATION OF ‘SAFE HOME SAFE KIDS’: A HOME VISITING PROGRAM FOR ABORIGINAL AUSTRALIAN CHILDREN

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Background Research reveals consistently higher injury rates amongst Aboriginal Australian children (AIHW: Pointer 2014). Intervention strategies for this population must be culturally appropriate and take into account a broad range of social, historical and cultural factors impacting on Aboriginal health and safety, however few culturally acceptable interventions have been

developed or evaluated. We conducted an evaluation of a home visiting model of early intervention developed by the Illawarra Aboriginal Medical Service as an injury prevention program targeting disadvantaged Aboriginal families with young children aged 0–5 and their families living in an urban region of NSW.

Methods The evaluation conducted between January 2014 and June 2015 included process, impact and outcomes components. Data collection included: routinely collected program data; semi-structured interviews with 35 individuals; and a family worker survey. All data was coded thematically and a framework analysis applied using NVivo software. Capacity building activities were conducted throughout the period.

Results The Program addressed the need for a culturally appropriate safety program delivered by Aboriginal family workers to vulnerable families. Clients expressed a high degree of satisfaction with the family workers' delivery of the program and the holistic model of service provision offered. Key results included: increased engagement in safety programs; improved child safety knowledge and skills; increased accessibility for parents/carers, children and families to services; improved attitudes to home and community safety; changes in the home safety environment. The evaluation provided opportunities for collaboration between researchers and the Aboriginal medical service and capacity building for the Aboriginal family workers.

Conclusions The 'Safe Homes Safe Kids' program offers a promising program for addressing unintentional injury to vulnerable Aboriginal children in urban areas.

236 PROMOTING SAFETY IN THE MOST HAZARDOUS LOCATION THROUGH A HOME SAFETY DEMONSTRATION SITE

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Background More children die from injury than from cancer, asthma and infectious diseases combined and the most common location for injuries to occur are within the home setting. Children, specifically those under five spend majority of their time within the home, it is the place where parents feel comfortable, confident and are aware of all of its features. Kidsafe Western Australia houses a Safety Demonstration House, established in 2006 and provides interactive displays to target injury prevention strategies and approaches to prevent child injury within the home.

Objective This paper will outline the services offered through the safety demonstration house and how it is helping to raise awareness and provide interactive opportunities to see injury prevention in practice. The Kidsafe WA Safety Demonstration house provides a range of services to highlight points of potential injury in the home and methods of injury prevention. The demonstration site provides physical examples of particular home settings, applied safety latches, barriers and child resistant products that participants can view, touch and test. The site also provides photographic and interactive information to align with the displays and products provided.

Results The Kidsafe WA Safety Demonstration House runs services targeting parents and carers, students, professionals and anyone interested in child safety seeing 220 participants specifically utilising the house within the last year. These services include self guided and guided tours, mobile information provided through Quick Response codes and an online safety demonstration house.

This paper will also outline where the safety house started, how it has developed and where it is heading. With a new building to soon house the site a purpose built area will see a new purpose build updated and revamped Kidsafe WA Safety Demonstration House.

Conclusions The aim of the Kidsafe WA Safety Demonstration House is to provide interactive and physical displays and information to increase awareness and knowledge of parents, carers, health professionals and the community in regards to childhood injuries. This is intended to promote child safety measures and to ultimately reduce the incidence of child injuries that occur within the home.

237 THE PREVALENCE OF HOME RELATED INJURIES AMONG CHILDREN UNDER FIVE ATTENDING PRESCHOOL EDUCATION ESTABLISHMENTS IN LITHUANIA

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Background Babies, toddlers and little children spend most of their time at home. Because of undeveloped instinct of self-protection they usually get injured there. Some of the injuries are small and some are serious enough to require a visit to an emergency department. According to the State Deaths and their Causes Register during 2014 due to unintentional accidents (ICD-10-AM) W00-X59) in Lithuania were 10 deaths of children 0–5 years old. During last five years (2010–2014) 68 children 5 years and younger died in Lithuania because of the same reasons. According to the Lithuanian Trauma and Accidents Monitoring System during 2014 were registered 12 043 (22,78/1000 inhabitants) cases of unintentional accidents (ICD-10-AM W00-X59) which required to visit emergency department and 2,571 (4,86/1000 inhabitants) cases then children were hospitalised for the same reason. All those injuries happened at home. Because of that, the aim of this research was to evaluate the prevalence of home related injuries among children under five attending preschool education establishments in Lithuania.

Methods Anonymous questionnaires were given to parents/adopters of children under five who lived in 23 Lithuanian districts municipalities. The final study sample was of 1047 respondents. Methods of the statistical analysis were: descriptive statistics; for hypothesis testing were used Pearson Chi² or Fisher exact tests; odds ratio for evaluation of risk and preventive factors were counted. $p < 0.05$ was considered statistically significant.

Results The prevalence of home injuries was 64.3%; 95% CI: [61.3–67.1]. The most common injuries were fall (59.6%; 95% CI: [55.8–63.2]), cut/prick (41.2%; 95% CI: [37.5–44.9]), burn/scald (24.7%; 95% CI: [21.5–28]), choking/suffocation (15.5%; 95% CI: [13.0–18.4]). Most of the time during the injury child were supervised by an adult (>80% cases). In cases then the parents/adopters let the children play in the yard/playground, without adult supervision, the risk of fall was 1.92 time bigger (95% CI: [1.39–2.61]; $p < 0.0001$), in cases then parents/adopters let the children to use kitchen appliances, without adult supervision, risk of burn/scald was 2,17 time bigger (95% CI: [1.05–4.49]; $p = 0.02$), in cases then parents/adopters let the children play with pet, without supervision of adult, the risk of pet injury was 3,05 time bigger (95% CI: [1.77–5.29]; $p < 0.0001$). The risk of injury is smaller if there is enough